

6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: K. CARTER DEVELOPMENT, INC.

BUSINESS STREET ADDRESS: 12021 SW 32nd St. DAVIE, FL ZIP 33320

BUSINESS MAILING ADDRESS: SAME ZIP \_\_\_\_\_

BUSINESS PHONE: 954 325-6828

DESCRIBE TYPE OF BUSINESS: GENERAL CONTRACTING-OFFICE ONLY

BUSINESS IS: Corporation X Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. KARRI NODAL	12021 SW 32nd St	DAVIE FL 33320	954-325-6828
2. CARLOS NODAL	12021 SW 32nd St	DAVIE FL 33320	954-325-6828

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, \_\_\_\_\_, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

KARRI A. NODAL, PRESIDENT [Signature]  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>3/16/04</u> Category <u>13500</u> Fee Exempt per Sec. 13-13 _____ Fee _____ Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>0419666</u> Control # <u>15976</u> Zoning <u>R-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>[Signature]</u> Date <u>3/16/04</u>	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

Loc ID 173282  
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